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**AUG 16 2004**

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7590

05/13/2004

**David A. Jackson**  
**KLAUBER & JACKSON**  
**4th Floor**  
**411 Hackensack Street**  
**Hackensack, NJ 07601**

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<i>Carolyn Di Meglio</i>	(Depositor's name)
<i>Carolyn Di Meglio</i>	(Signature)
August 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/087,195	03/01/2002	Patricia Anne Nuttall	2488-1-004	8628

TITLE OF INVENTION: TREATMENT OF ALLERGIC RHINITIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/13/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	
SRIVASTAVA, KAILASH C		1651		514-012000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Klauber & Jackson

2 \_\_\_\_\_  
3 \_\_\_\_\_

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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#### (A) NAME OF ASSIGNEE

EVOLUTEC LIMITED

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OXFORD OX4 4GA, UNITED KINGDOM

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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Issue Fee

A check in the amount of the fee(s) is enclosed.

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*David A. Jackson*  
8/13/04

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08/17/2004 MMKONE1 00000191 10087195

01 FC:2501

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300.00 0P

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